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POSITION	INITIALS	ID NO.	DATE
	<i>[Signature]</i>		<i>10/30/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		<i>21</i>	<i>01/15/00</i>
FORMALITY REVIEW	<i>6</i>	<i>64934</i>	<i>12/11/00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

- |   |                            |   |              |
|---|----------------------------|---|--------------|
| ✓ | Rejected                   | N | Non-elected  |
| = | Allowed                    | I | Interference |
| - | (Through numeral) Canceled | A | Appeal       |
| + | Restricted                 | O | Objected     |

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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here  
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